

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	PS		10/2
O.I.P.E. CLASSIFIER		59	10/3
FORMALITY REVIEW	CR	71475	10/15/98

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	10/18/00
2	✓	✓	7/11/01
3	✓	✓	1/10/02
4	✓	✓	1/10/02
5	✓	✓	1/10/02
6	✓	✓	1/10/02
7	✓	✓	1/10/02
8	✓	✓	1/10/02
9	✓	✓	1/10/02
10	✓	✓	1/10/02
11	✓	✓	1/10/02
12	✓	✓	1/10/02
13	✓	✓	1/10/02
14	✓	✓	1/10/02
15	✓	✓	1/10/02
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
 staple additional sheet here

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